

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025304
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. #6715

FILED JUL 12 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis, Mo. 3932 Olive St.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis State Hospital		d. STREET ADDRESS (If outside, give location) 3932 Olive St.	
3. NAME OF DECEASED (Type or print) First Middle Last EDGAR WALSH, JR.		4. DATE OF DEATH Month Day Year July 5, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12-6-15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) formerly: Lithographer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 46 yrs.
13a. FATHER'S NAME Edgar Walsh		13b. MOTHER'S MAIDEN NAME Katherine M. (Aldag)	12. CITIZEN OF WHAT COUNTRY U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		14. NAME OF HUSBAND OR WIFE Elizabeth (Connor)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Records of St. Louis State Hospital	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis, Left DUE TO (c) Hypertensive Cardiovascular Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1			INTERVAL BETWEEN ONSET AND DEATH 1 day 1 day 14 yrs
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 6, 1962 to July 5, 1962 and last saw him alive on July 5, 1962 Death occurred at 9:25 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Thomas Thale M.D. (Degree or title)		22b. ADDRESS 5400 Arsenal St.	
22c. DATE SIGNED 7-6-62		23a. BURIAL, CREMATION, REMOVAL (Specify) removal	
23b. DATE 7/9/62		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
23d. LOCATION (City, town, or county) St. Louis County Mo.		24. FUNERAL DIRECTOR Lupton Chapel inc 7233 Delmar Blvd	
25. DATE RECD. BY LOCAL REG. JUL 7 1962		26. REGISTRAR'S SIGNATURE G. Smith M.D.	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59
1
2 219
3
4 0
5 3
6
7 0
8 1
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10
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12 80-0
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80

City - *Waco*
Requies

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clarence A. Murray

Licensed Embalmer No. *4011*

P. O. Address

A. Lewis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.